

# Gift to Agency Report

A Public Document

RECEIVED  
AIR POLITICAL  
PRACTICES COMMISSION

GIFT TO AGENCY REPORT

California **801**  
Form

For Official Use Only

## 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Room 450

Area Code/Phone Number

(916) 327-8011

E-mail

drushton@mrmb.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

☐ Amendment (explain in comment section)

Date of Original Filing: 10/29/08

(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

National Covering Kids & Families Coalition

Name

3731 Stocker St Suite 201 Los Angeles CA 90008

Address

City

State

Zip Code

National Advocacy Network for uninsured children and families

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

## 3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

New Orleans, LA

9/29/08-10/1/08

Date(s) of Travel

\$ 353.91

Transportation Expenses

\$ 116.09

Lodging Expenses

\$ 30.00

Meal Expenses

\$

Other Expenses

\$ 500.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

National Conference on successful outreach, enrollment and retention strategies for uninsured children and families. CA attended to provide information on its outreach, enrollment and retention efforts and to also network with national colleagues to share information.

Identify the officials for whom the payment was used:

Sanchez

Last Name

Ernesto A.

First Name

Deputy Director

Title

Eligibility & Enrollment

Department/Division

Last Name

First Name

Title

Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

10/29/08

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)